

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/424181 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		X	
2						
3						
4	1					
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	2		1			
12	8		1			
13	8		1			
14	3		1			
15	3		1			
16	1		1			
17	1		1			
18	1		1			
19	(1)		1			
20					1	
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TOTAL ND.	2		1		1	
TOTAL DEP.	46	↓	17	↓	21	↓
TOTAL CLAIMS	48	↓	19	↓	27	↓

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TOTAL IND.		↓	
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓